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| Certificate of Mailing   |   |
| Date of Deposit <u>December 5, 2001</u>  | Label Number: <u>EL509047508US</u>                                    |
| I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: Box Patent Application, United States Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202. |   |
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| <b>UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)</b>   |  |
| Attorney Docket Number  | 50047/009002   |
| Applicant   | Stephen T. Sonis   |
| Title   | TREATMENT OF INFLAMMATORY ORAL DISEASES WITH A COMBINATION OF INHIBITORS OF TNF- $\alpha$ AND IMMUNOSUPPRESSIVE AGENTS |
| <b>PRIORITY INFORMATION:</b>  |  |
| This application claims the benefit of the filing date of United States provisional patent application 60/251,736, filed December 5, 2000.  |  |
| <b>SMALL ENTITY STATUS:</b>   |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.  |  |
| <b>APPLICATION ELEMENTS:</b>  |  |
| Cover sheet   | 1 pages  |
| Specification   | 4 pages  |
| Claims  | 1 pages  |
| Abstract  | 1 page   |
| Drawing   | 0 sheets   |
| Combined Declaration and POA, which is:<br><input checked="" type="checkbox"/> Unsigned;<br><input type="checkbox"/> Newly signed for this application;<br><input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein. | 2 pages  |
| Sequence Statement  | [**] pages   |
| Sequence Listing on Paper   | [**] pages   |
| Sequence Listing on Diskette  | [**] disk  |

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| Small Entity Statement, which is:<br><input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.  | [**] pages   |
| Preliminary Amendment  | [**] pages   |
| IDS  | [**] pages   |
| Form PTO 1449  | [**] pages   |
| Cited References   | [**] references                                    |
| Recordation Form Cover Sheet and Assignment  | [**] pages   |
| English Translation  | [**] pages   |
| Certified Copy of Priority Document  | [**] pages   |
| Return Receipt Postcard  | 1  |
| <b>FILING FEES:</b>  |  |
| Basic Filing Fee: \$370  | \$370  |
| Excess Claims Fee: [**TOTAL**] - 20 x \$18/\$9   | \$0  |
| Excess Independent Claims Fee: [**TOTAL**] - 3 x \$84/\$42   | \$0  |
| Multiple Dependent Claims Fee: \$280/\$140   | \$0  |
| Total Fees:  | \$370  |
| <input checked="" type="checkbox"/> Enclosed is a check for \$370 to cover the total fees.<br><input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.<br><input type="checkbox"/> The filing fee is not being paid at this time.<br><input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095. |  |
| <b>CORRESPONDENCE ADDRESS:</b>   |  |
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| <b>CUSTOMER NO: 21559</b>  |  |
| Susan M. Michaud<br>Signature Susan M. Michaud 42,885  | Reg. #<br>Date December 5, 2001                    |

